## BOSE MCKINNEY & EVANS LLP

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## **CUSTOMER NUMBER 25267**

Certificate Under 37 C.F.R.§ 1.8(a)

07 March 200

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I hereby certify that this correspondence is being transmitted to (703) 872-9306 at the United States Patent and Trademark Office at Mail Stop Amendment, Commissioner for Patents, P.O. Box

1450, Alexandria, VA 22313-1450.

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204

## PATENT APPLICATION

Applicant:

Henley, Alan W. et al.

Serial No.:

10/804,905

Filing Date:

March 19, 2004

Title:

**MATTRESS** 

Group:

3679 Examiner:

James M. HEWITT

Atty. Docket:

8266-1276

**Mail Stop Amendment** 

Commissioner for Patents P.O. Box 1450

P.O. BOX 1450

Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	35	32	3	\$50	\$150
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	3	0	\$200	\$0
If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here.  SMALL ENTITY TOTAL				\$150	
TOTAL FEE FOR ADDITIONAL CLAIMS					\$150

Dated:

An Extension of Time for one (1) month is hereby requested under
37 C.F.R. 1.136(a). The required fee for filing this extension is:

Supplemental Information Disclosure Statement

TOTAL FEE FOR THIS AMENDMENT

A check in the amount of \$450.00 to cover the total fees for this amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record

Christine E. Mayewski Orich Registration No.: 44,987

<sup>&#</sup>x27;If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

<sup>\*\*</sup>If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.